

UNITED STATES PATENT  
Form P1

Attorney Docket No. 13869.47

**COMBINED DECLARATION and POWER OF ATTORNEY**  
(Utility, Design, National Stage of PCT)

As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type:

*(Check one applicable item below)*

utility patent application  
 design patent application  
 national stage of PCT patent application

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**SUPPLY CHAIN DATA MANAGEMENT**

**SPECIFICATION IDENTIFICATION**

the specification of which:

*(complete (a), (b), or (c))*

(a)  is attached hereto.

(b)  was previously filed \_\_\_\_\_, as United States Patent Application  
Serial No. \_\_\_\_\_

(c)  was described and claimed in PCT International Application No. \_\_\_\_\_  
filed on \_\_\_\_\_ and as amended under PCT Article § 19 on  
\_\_\_\_\_ (*if any*).

**ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claim(s), as amended by any amendment specifically referred to in the declaration, referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

**FOREIGN PRIORITY CLAIM**  
(35 USC § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) [ ] no such applications have been filed.  
(e)  such applications have been filed as follows.

*Note: Where item (e) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below, and make the priority claim.*

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION  
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER § 119 or § 365
AUSTRALIA	2003904675	29/08/2003	<input checked="" type="checkbox"/> YES NO [ ]
			[ ] YES NO [ ]
			[ ] YES NO [ ]
			[ ] YES NO [ ]

BEST AVAILABLE COPY

**U.S. PRIORITY CLAIM  
(35 USC § 120)**

I hereby claim the benefit under 35 USC § 120 of any United States application(s) or § 365(c) of any PCT international application designating the United States of America listed below, if any, and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of title 35 USC § 112, I acknowledge duty to disclose information which is material to patentability as defined in title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international application filing date of this application.

UNITED STATES or PCT PARENT APPLICATION NO.	PARENT FILING DATE (month, day, year)	PARENT PATENT NO. (if applicable)

**POWER OF ATTORNEY**

I hereby appoint as my attorneys and/or patent agents all attorneys and/or patent agents listed under the following Customer Number, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

**022913**

PATENT TRADEMARK OFFICE  
CUSTOMER NO.

All correspondence and telephonic communications should be directed to:

**DANA L. TANGREN  
WORKMAN NYDEGGER  
1000 Eagle Gate Tower  
60 East South Temple  
Salt Lake City, Utah 84111  
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## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### SIGNATURE(S)

*NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.*

Full name of sole or first inventor

Launie Macolino

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature



Date 26<sup>th</sup> February 2005 Country of Citizenship Australia

Residence Unit 8C, 443 West Botany Street, Rockdale, New South Wales, 2216, Australia

Post Office Address -SAME AS ABOVE-

## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### SIGNATURE(S)<sup>5</sup>

*NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.*

Full name of sole or first inventor

Laurie \_\_\_\_\_ Macolino \_\_\_\_\_  
(GIVEN NAME) \_\_\_\_\_ (MIDDLE INITIAL OR NAME) \_\_\_\_\_ FAMILY (OR LAST NAME) \_\_\_\_\_

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship Australia \_\_\_\_\_

Residence Unit 8C, 443 West Botany Street, Rockdale, New South Wales 2216, Australia \_\_\_\_\_

Post Office Address -Same as above- \_\_\_\_\_